

2022 Rate Chart For Active Employees

This Chart applies to all Employees whose positions are represented by any of the following units:
Milwaukee Police Association (MPA)

MPA EMPLOYEE RATE INFORMATION*

*(Rate subject to change in negotiations)

**An employee's deduction, listed below "Employee Bi-Weekly Rate" for the plan selected, will be taken twice a month.
In the months where there are 3 paychecks, no deduction is taken on the 3rd check of the month.**

2022 Employee HEALTH PLAN Payroll Contribution.

HEALTH PLAN	UHC CHOICE PLAN (EPO)				UHC CHOICE PLUS PLAN (PPO)			
	UHC Premium Bi-Weekly	City Share Bi-Weekly	Employee Bi-Weekly Rate	Employee Monthly Rate	UHC Premium Bi-Weekly	City Share Bi-Weekly	Employee Bi-Weekly Rate	Employee Monthly Rate
Single	\$ 363.50	\$ 319.88	\$ 43.62	\$ 87.24	\$ 427.50	\$ 319.88	\$ 107.62	\$ 215.24
Employee + Spouse	\$ 727.00	\$ 639.76	\$ 87.24	\$ 174.48	\$ 856.00	\$ 639.76	\$ 216.24	\$ 432.48
Employee + Child(ren)	\$ 545.00	\$ 479.60	\$ 65.40	\$ 130.80	\$ 642.00	\$ 479.60	\$ 162.40	\$ 324.80
Family	\$ 1,090.00	\$ 959.20	\$ 130.80	\$ 261.60	\$ 1,283.50	\$ 959.20	\$ 324.30	\$ 648.60

2022 Employee DENTAL PLAN Payroll Contribution.

DENTAL PLAN	SINGLE PREMIUM Bi-Weekly	City Share Bi-Weekly	Single Employee Bi-Weekly Rate	Single Employee Monthly Rate	FAMILY PREMIUM Bi-Weekly	City Share Bi-Weekly	Family Employee Bi-Weekly Rate	Family Employee Monthly Rate
Delta Dental PPO	\$ 15.80	\$ 6.50	\$ 9.30	\$ 18.60	\$ 48.06	\$ 18.75	\$ 29.31	\$ 58.62
Delta Dental EPO	\$ 23.41	\$ 6.50	\$ 16.91	\$ 33.82	\$ 76.48	\$ 18.75	\$ 57.73	\$ 115.46
Care-Plus	\$ 25.00	\$ 6.50	\$ 18.50	\$ 37.00	\$ 73.66	\$ 18.75	\$ 54.91	\$ 109.82

DISCLAIMER: The benefit design and rate equivalents are subject to change by Common Council action.